PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999	Application or Docket Number 09490065

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	22 minus 20=	* 2
INDEPENDENT CLAIMS	12 minus 3 =	* 9
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE	OR	RATE	FEE
	345.00	OR		690.00
X$ 9=		OR	X$18=	36
X39=		OR	X78=	702
+130=		OR	+260=	
TOTAL		OR	TOTAL	1428

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 22	Minus	** 20	= 2
Independent	* 12	Minus	*** 3	= 9
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	$36.00
X39=		OR	X78=	$702.00
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	$1438.00

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 09/490.065

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101				___	690	690
Total Claims >20	203/103	22 -20 =	2	X	___	18	36
Independent Claims >3	202/102	12 -3 =	9	X	___	78	702
Mult. Dep Claim Present	204/104				___	___	___
Surcharge	205/105				___	___	___
English Translation	139				___	130	130
							___

TOTAL FEE CALCULATION   = 1558

Fees due upon filing the application:

Total Filing Fees Due = $ 1,558

Less Filing Fees Submitted   - $ 0

BALANCE DUE   = $ 1,558

Office of Initial